ADULT COED KICKBALL
INDIVIDUAL PLAYER NAME/PHONE RELEASE WAIVER

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USE THIS FORM IF YOU ARE A PLAYER TRYING TO GET ON A TEAM.
PLEASE PRINT AND FILL OUT THIS FORM COMPLETELY AND SEND/BRING TO:
COMMUNITY ED & REC, 1515 S. 7th STREET, ANN ARBOR, MI 48103
FAX: (734) 994-1454

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PLAYER'S NAME: _____ TELEPHONE: _____
(DAY) (EVE)

ADDRESS: _____

EMAIL: _____

LEAGUE PREFERENCE: NATIONAL MUNICIPAL COMMUNITY

SUMMER AVAILABILITY: WEDNESDAY FRIDAY

FALL AVAILABILITY: (No Fall League 2012) WEDNESDAY FRIDAY

YOUR EXPERIENCE:
(PLEASE LIST)

I HEREBY GRANT REC & ED PERMISSION TO RELEASE THE ABOVE INFORMATION AT THEIR DISCRETION FOR THE PURPOSE OF ASSISTING MYSELF IN FINDING A TEAM TO PARTICIPATE ON FOR THE UPCOMING SEASON. I REALIZE BY SIGNING THIS WAIVER THAT I AM NOT GUARANTEED TEAM PLACEMENT.

PLAYER'S SIGNATURE: _____ DATE: _____